

**REQUEST FOR GOVERNMENT CODE 12439(b) VACANT POSITION REESTABLISHMENT**

Request Date: \_\_\_\_\_ Request Number: \_\_\_\_\_

Department Org Code: \_\_\_\_\_ Department Name: \_\_\_\_\_

Agency Org Code (if applicable): \_\_\_\_\_ Agency Name (if applicable): \_\_\_\_\_

Does this request include attachments? Yes ☐ No ☐ Please indicate the total number of pages: \_\_\_\_\_  
(including this form)

**A. Type of reestablishment (Mark all that apply):**

- ☐ (b)(1) Hiring Freeze
 ☐ (b)(4) Classification Designated as Hard-to-Fill  
☐ (b)(2) Diligently Attempted to Fill
 ☐ (b)(5) Late Budget Enactment Delayed Filling  
☐ (b)(3) Designated Management Position

**B. Reason for reestablishment(s):**

--

**C. Consequence if reestablishment(s) not granted:**

--

#### D. Position Data:

Position Number(s): \_\_\_\_\_

Classification Title: \_\_\_\_\_

Salary Range: \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Telephone Number:** (    ) -    ext. \_\_\_\_\_  
(type or print)

**E. Signature:**

As department director, or his or her designee, I certify that the above requested action and supporting information is true and accurate.

<p><b>Department</b></p> <p><input type="checkbox"/> Approved   <input type="checkbox"/> Denied</p> <hr/> <p>Director/Date</p>	<p><b>Agency</b></p> <p><input type="checkbox"/> Approved   <input type="checkbox"/> Denied</p> <hr/> <p>Agency Secretary/Date</p>	<p><b>Department of Finance</b></p> <p><input type="checkbox"/> Approved   <input type="checkbox"/> Denied</p> <hr/> <p>Program Budget Manager/Date</p>
--	--	---